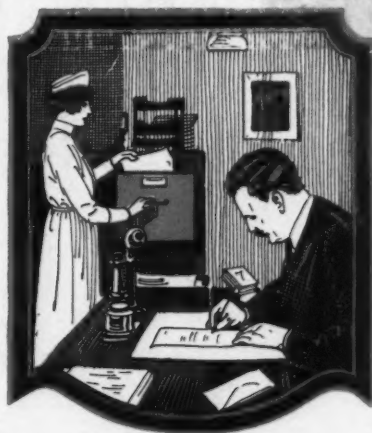


THE *Canadian Hospital*

A Monthly Journal for Hospital Executives

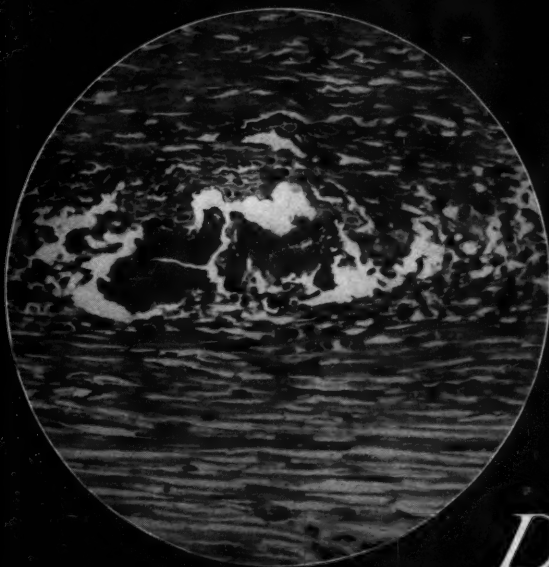


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August, 1928

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In this Issue—

The Montreal General Hospital
Maritime Conference of Catholic Hospital Association
Successful Convention of Alberta Hospital Association
Grace Maternity Hospital, Vancouver
News of Hospitals and Staffs

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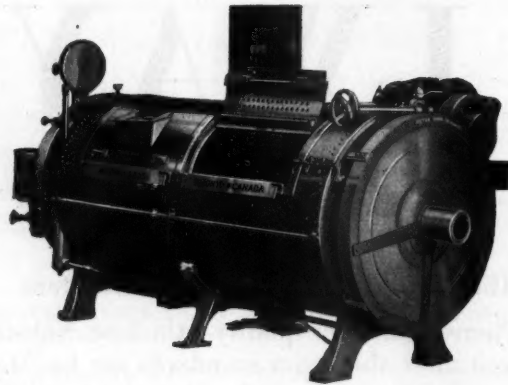
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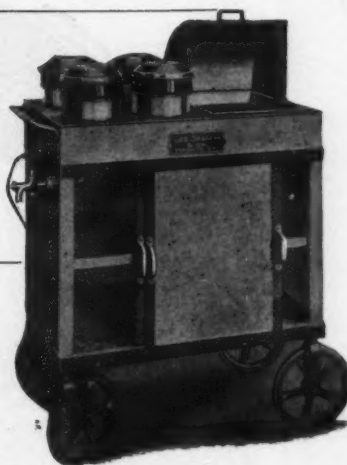
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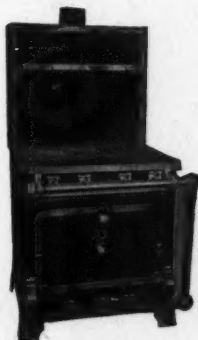
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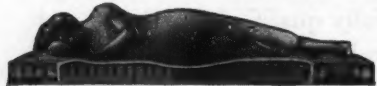
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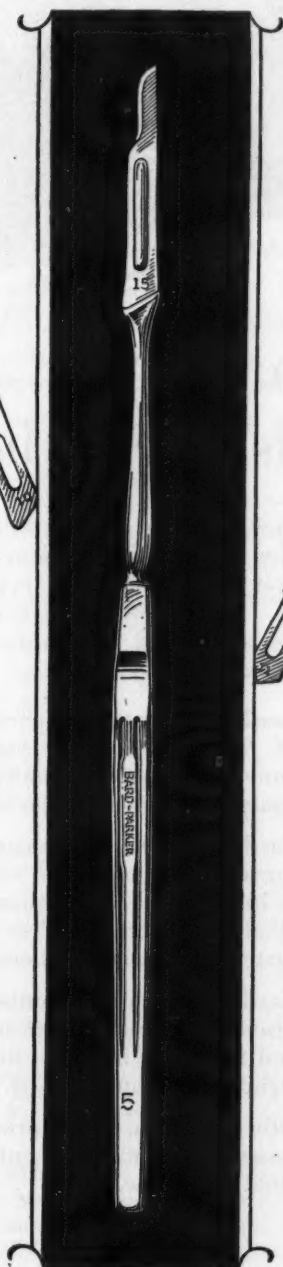
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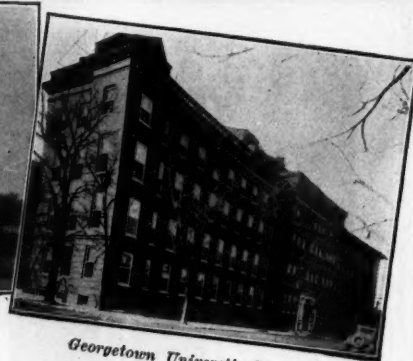
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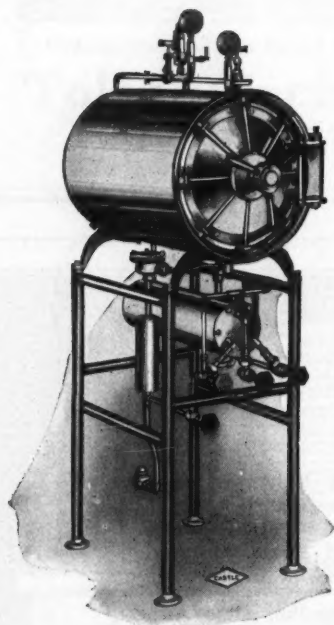


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Vol. 8

AUGUST, 1928

No. 8

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Acoustical Treatment Becomes Necessary

There are so many phases to be considered in the planning of a modern hospital that it is perhaps difficult to select any one of them as being of outstanding importance. From the patients' point of view, however, it might be safe to say that they feel that the elimination of noise is one of the very first considerations.

With the modern type of building, the problem of noise demands serious consideration, according to Mr. Frank E. Chapman, Director of Mount Sinai Hospital in Cleveland, in writing in "Hospital Management." In a skeleton steel or poured reinforced concrete building noises are transmitted to a degree that is almost unbelievable.

Properly insulated foundations for all motors,

elevator machinery and similar equipment, and sound-proofing of rooms in which this equipment is placed is absolutely necessary. This has a double value in that the insulation of the foundation precludes the transmission of sound by vibration through the structure of the building, and the sound-proofing of the area reduces its transmission through partitions.

Another necessary step is by planning the location of stair wells and elevators in separate corridors, isolated from the main corridors by doors. It is well, also, to treat the ceilings of these lobbies acoustically.

Careful consideration also should be given to the acoustical treatment of all corridors adjacent to rooms of patient occupancy, for the purposes of absorbing noises made by those travelling back and forth, and of reducing transmission of noises from one room to another through open doorways. The effect of acoustical treatment of corridors is markedly successful.

Unquestionably ceilings of nurseries, labour rooms, and delivery rooms should be acoustically treated, as also should be rooms of unusually noisy services, when adjacent to rooms occupied by patients. This refers to such rooms as service pantries and utility rooms.

Acoustical treatment is expensive, but it must be remembered that this is a major problem of present-day hospital operation, and that the expense is justified if it is possible within the limits of available funds. Material savings may be effected by planning this acoustical treatment as an integral part of the building operation.



The Widening Sphere of the Nurse

When Miss Florence Nightingale published her "Notes on Hospitals" she was accounted a Utopian radical, so far ahead was she of her day. Her advanced suggestions are the ABC of the modern probationer. How far away the present standard is from that of even fifty years ago is evident from the fact that it was not until 1870 that Guy's Hospital in London, England, followed the lead of other London hospitals and introduced regular nurses in the place of the "scrubbers" and general charwomen who had previously looked after—one cannot say taken care of—the sick of its wards.

The course of training now universally followed in the standard hospitals demands of entrants not only a higher school standing but also takes the candidate farther and farther into the fields of modern medical science. Besides a considerable knowledge of anatomy and physiology there is special instruction in abdominal surgery and obstetrics. In bacteriology the student gets a nodding acquaintance at least with the common or garden variety of germs and learns how to deal with infectious diseases. First aid, of course, is primary, as is also sanitation and hygiene. To these are added a working knowledge of drugs. Now that dietetics is a science, the nurse becomes a food specialist and an adept cook. She becomes the surgeon's second pair of hands at the operating table. Even some insight into that mysterious field of mental disease is offered her.

In addition there is the specialized training

required to bring all the other knowledge to bear directly upon the welfare of the patient. The actual care of the sick has a technique of its own and many hours are devoted to this throughout the three years' course.

Along with the better training demanded of the ever-increasing numbers of candidates, opportunities multiply for carrying on their profession. When sickness befalls the home the trained nurse is called in as a matter of course. Besides, there seems to be a growing disposition to take advantage of hospital service, whether public or private. Victorian Order, Red Cross, civic health centres, nursing care provided by stores and industrial plants, health service provided in public schools, are some of the openings of more recent development. The missionary activities of the churches call for nurses both for the frontier lines of our own country and for the lands largely devoid of any real medical science.

Without straining either fact or imagination any group of graduates might be viewed as another contingent of fair Amazons enlisted for the grim fight with disease. They have already learned that science is winning in the great war. Preventive medicine, sanitation, diet, the laboratory's findings, the wizardry of the scalpel, are now crowding the enemy backward. One by one the major plagues are being controlled—diphtheria, smallpox, yellow fever. The dragons of disease are being wounded unto death. The medical world just celebrated the three hundredth anniversary of the publication of that epoch-making book in which William Harvey announced his discovery of the circulation of the blood. It was only in 1840 that Mrs. Fry and Lady Inglis founded the first nursing institution in London. Such relatively recent dates may well give a large measure of hope to nurses, doctors and all of us for the progress of humanity toward health.



Canadian Girls Achieve Their Goal

More than half of the graduating class receiving diplomas during June in the Nurses' Training School of the Buffalo City Hospital was composed of young women whose homes are in Ontario. There were five Toronto girls in the class, while thirty-three others reside in small communities of Ontario, making a total of thirty-eight from the province as compared with the total graduating list of sixty-five.

In speaking of these girls, Dr. Walter S. Goodale, Superintendent of the institution, said: "We are very proud of the record which Canadian girls are making in the Buffalo City Hospital. They have attained high standing in their classes and have done excellent work in the wards. Once Canadian girls begin training they seldom quit until they have achieved the goal of their studies, namely, that of obtaining the coveted degree of registered nurse to which our course leads."

When our neighbours to the south speak so encouragingly of our girls who go over to the other side of the line to train, it shows that the many tributes paid to our Canadian graduates are justified.

A Book on Hospital Planning

Announcement has been made in the "Modern Hospital" of the publication of a new book which deals with hospital planning. It is called "Specification for a Hospital" and for anybody who is actively interested in hospital construction and who has any part in drawing up specifications for proposed hospital buildings, there is a wealth of valuable information concerning the proper wording of the contracts and all the minute details to be dealt with in this book, which contains specifications for a hospital erected at West Chester, Pa., and designed by York and Sawyer, architects, New York.

The publishers frankly admit that the book has been published merely as an experiment. However, their object is definite. Specifications, they say, must satisfy three principal requirements. First, they must so adequately describe a given work as to enable the builder to understand exactly what is intended. Next, they must, when made part of a contract, enable the owner legally to compel the contractor to produce precisely what is proposed. Lastly they must be written concisely and in good English.

The specifications for the Chester County Hospital and Nurses' Home, West Chester, Pa., compose the greater part of the book. The remainder of the book consists of a series of notes and comments on the articles of the contracts. These were written by Mr. Wilfred W. Beach, who is associated with the Pencil Points Library of Specifications.

The object of this publication is to present to those interested in hospital construction suggestions for the correct wording of their specifications in order that they may obtain the desired results.

This book is one of a series, and later volumes will contain the specifications for other hospitals.

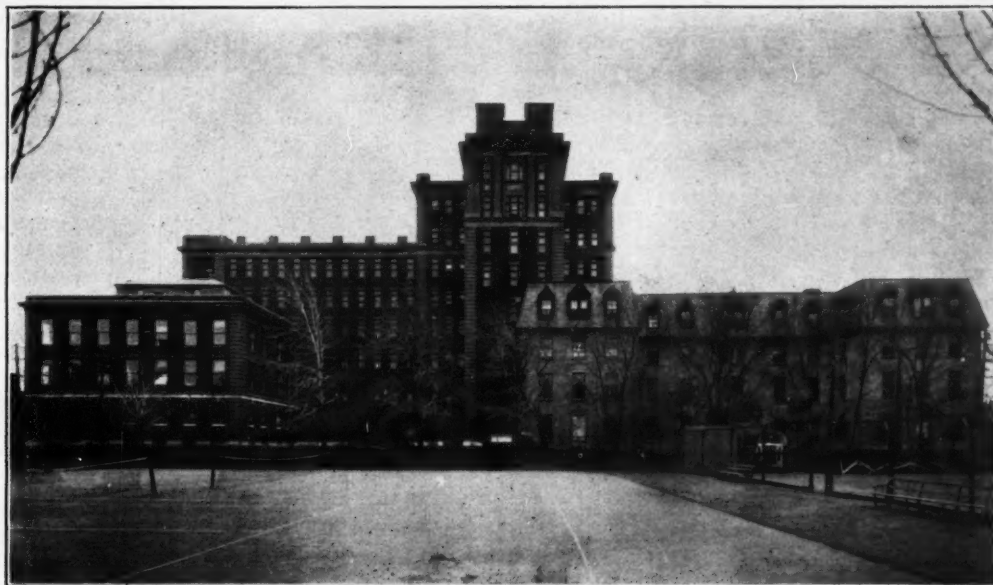


Committee Will Advise Alberta Public Health Department

Appointment of the members of the newly-created Advisory Committee to the Public Health Department, Province of Alberta, is announced by Hon. George Hoadley, minister of health, as follows:

Representing the medical profession at large, Dr. W. A. Wilson, Edmonton; representing the College of Physicians and Surgeons, Dr. George Johnston, Calgary; representing faculty of medicine, University of Alberta, Dr. Edgerton Pope; representing medical health officers of the province, Dr. Gow, medical officer of health, Calgary; representing superintendents of city hospitals, Dr. H. R. Smith, Royal Alexandra Hospital, Edmonton; representing rural municipal hospitals, A. T. Stephenson, Red Deer; representing laymen, H. E. G. H. Scholefield, Calgary, and one to be selected; representing the women of the province, Mrs. O. C. Edwards, Macleod, vice-president Canadian Council of Women, and Mrs. Field, of Spurfild. One representative of the nurses is yet to be nominated.

The object of the board is to advise the minister on matters appertaining to the health of the province at large.



A view of the Montreal General Hospital showing the old building and later additions

The Montreal General Hospital

One hundred and ten years ago a voyage across the ocean was totally unlike what it is to-day. Instead of modern comfort, the pioneers endured a long and tedious journey on sailing vessels, living in dingy quarters and under the obligation of providing their own food and bedding. Sickness was not uncommon and ship fever and other debilitating diseases often compelled the settler to seek aid upon landing in the country of his adoption.

To give this assistance, the Ladies' Benevolent Society opened, in the year 1818, a house on Craig Street, two blocks east of St. Lawrence Main Street, where they could offer food, shelter and medical aid to any needy newcomers. They went a step further, thanks to the Governor-General of that time, and obtained through his assistance some discarded army beds and bedding, with which they established a small hospital of twenty-four beds, the nucleus of the Montreal General Hospital.

In 1821, the present site was purchased and the corner stone of the original building being laid with appropriate ceremony, the structure was hurried to an early completion. This advanced the hospital capacity to seventy-two beds.

In 1824, the Montreal Medical Institute was inaugurated in connection with the Montreal General Hospital. This was the first medical school in Canada and the Montreal General Hospital is in the proud position of being the first hospital in Canada to admit medical students to the wards for clinical teaching. In 1828, the doctors of the Montreal General Hospital in attendance at the Medical Institute established what is now known as the Medical Faculty of McGill University.

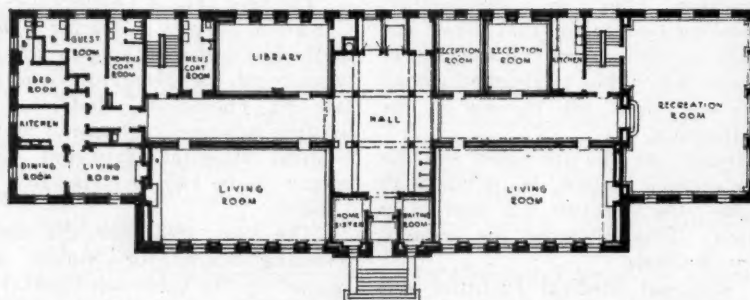
The consistently steady growth of Montreal made

an increasing demand on the hospital's capacity, but the hospital authorities always rose to the occasion, and in 1832, the Richardson Wing was erected in honour of the Honourable John Richardson. This increased the hospital capacity to 100 beds. In this Richardson Wing was the old original "Ward Eleven," so frequently mentioned in Osler's "Medicine." In 1848 the Reid Wing was added in honour of Chief Justice Reid, bringing the total bed capacity to 130. In 1867, a Contagious Disease Building, with a capacity of forty beds, for the treatment of smallpox was erected. In 1874 the Moreland Wing was added in memory of Thomas Moreland.

The year 1877 is a memorable one in the annals of Canadian surgery. During that year the Lister method of antiseptic surgery was introduced into the practice of the Montreal General Hospital by the late Sir Thomas G. Roddick. In 1883, marking another advance in hospital service, the Montreal General Hospital instituted the first ambulance service to be run in connection with a hospital in Canada.

The year 1890 saw the establishment of the Training School for Nurses, which, after being opened by the Governor-General and Lady Stanley, was placed under the direction of Miss Nora G. Livingston. In 1892 the Surgical Pavilion, composed of the Campbell Wing (in honour of Dr. G. W. Campbell) and the Greenshield Wing (in honour of David Greenshields) and the Operating Suite (the bequest of the late George Hamilton) were added to the hospital.

In 1897 the corner stone of a Nurses' Residence, known as the Jubilee Nursing Home, was laid by Lord Lister in the presence of a brilliant and dis-



FIRST FLOOR PLAN



The Montreal General Hospital Nurses' Residence

tinguished assembly gathered in honour of this world-renowned scientist.

In 1909, the present Pathological Building was added, and in the same year the first Dental Clinic to be established in a General Hospital became part of the institution with six dental chairs. This department has shown steady progress, possessing fifty dental chairs with a separate wing of its own, and is now the Dental Clinic of the Dental Faculty of McGill University.

In 1911 the corner stone of that imposing structure, known as the New Building, was laid. His Excellency the Governor-General, Earl Grey, graciously officiated at this notable function. The same year saw the establishment of the Social Service Department. In 1924, thanks to the generosity of several members of the Board of Management, a Bio-Chemical Laboratory was opened at a cost of \$27,000.

In 1926 there was opened the splendid building of the New School and Residence for Nurses, with every accommodation for 210 nurses. The second floor is devoted solely to teaching purposes and contains class rooms, laboratories, demonstration rooms, etc.

And last, but not least, in the history of this old institution, there has been consummated within the last few weeks, after a careful study of the hospital situation in the City of Montreal, an agreement for five years whereby the destinies of the Montreal General Hospital, now amalgamated with the Western Hospital and the Royal Victoria Hospital, now amalgamated with the Montreal Maternity Hospital, will be guided by a joint commission composed of five members of the Board of Management of the Montreal General Hospital, five members of the Royal Victoria Hospital, and one representative from McGill University. While each hospital will retain its own autonomy, this commission will have power to decide on the erection of new buildings, raising of campaign funds and their distribution and correlation for teaching purposes, of medical appointments of the individual hospitals in connection with McGill University.

The kindly members and friends of the Ladies' Benevolent Society builded better than they knew when they gave a beginning to the magnificent institution known far and wide as the Montreal General Hospital. With its long and incomparable record of surgical, medical and dental efficiency, the Montreal General Hospital holds an enviable position among the hospitals on the American continent, and is to-day, as ever, in the forefront of the advance of medical science.

Stratford Plans Fine Nurses' Home

The specifications for the new nurses' home at the General Hospital, Stratford, Ont., have been announced. The building will be 132 feet long by about 34 feet wide and will be two storeys and basement in height, with two stairways from the basement to the second floor.

The basement plan includes a recreation room, kitchen, toilet room, coat room, laundry, trunk room, sewing room, standard sized class room and demon-

stration room, with an eight foot, six inch ceiling throughout.

The first floor has three entrances, a front and two rear grade entrances. The vestibule leads into an entrance hall and corridor from which open a central bath and toilet room, two bathrooms and showers, also two bathrooms with three bedrooms adjoining.

On this floor also are a large reception room, a small sitting room for the matron and ten bedrooms. All ceilings on this floor are ten feet high.

The second floor has bath and toilet room accommodation as the first floor, also two bathrooms with three adjoining bedrooms. There are as well, one double room and twenty-one single rooms. All bedrooms have clothes closet with shelf, rail for hangers, etc.

All floors throughout are to be of terrazo, reinforced on wood. There will be glass and steel screens at each of the stair entrances. The interior is to be finished with British Columbia fir, varnished and rubbed.

The foundation will be of concrete and the balance of the building of brick, the exterior being of rug brick.

The central portion of the building is to have a shingle roof, the other portions on either side to be of flat, built-up composition.

The stairs will be of British Columbia fir with iron railings. The entire building will be lathed and plastered on both walls and ceilings.

Convention of New Brunswick Nurses

ST. STEPHEN, N.B.—At the annual convention of the New Brunswick Association of Registered Nurses held in St. Stephen in June, the following officers were elected for the coming year: president, Miss A. J. McMasters, Moncton, re-elected; first vice-president, Miss Ella Cambridge, Saint John; second vice-president, Miss Mabel McMullin, St. Stephen; secretary-treasurer, Miss Maude Retallick, Saint John, re-elected. Executive: Misses McMullin and Cunningham, St. Stephen; Misses Murdock, Dykeman, Coleman and Brophy, Saint John; Misses Kay and Gunn, Moncton; Misses Murphy and Parsons, Fredericton; Mrs. Gough, Newcastle; Miss Stewart, Bathurst.

Convener of public health, Miss Dykeman; private duty, Miss Kay, Moncton; nursing education, Miss Murdock, Saint John; constitution and by-laws, Miss Brophy, Saint John; Canadian nurse, Miss Cambridge, Saint John; board of examiners, Miss Murray, Fredericton, and Miss Murdock, Saint John.

It was voted to hold the next annual meeting at Saint John.

NEW WESTMINSTER, B.C.—Dr. Stanley Millar, of Vancouver, has been appointed to take charge of the X-ray department of the Royal Columbian Hospital. Having an expert in charge of this department is a new departure for the hospital and it represents an important advancement in the work of the institution.

Grace Maternity Hospital, Vancouver, Enjoys Ideal Facilities

Out on a lofty eminence, at the intersection of Twenty-sixth Avenue and Heather Street, Vancouver, high up where the soft winds of the Pacific blow through the open windows—where the sunshine bathes it all day long—and facing a rim of snow-capped mountains, stands Grace Hospital, built and conducted by the Salvation Army.

This property which consists of a city block, bears every evidence of being wrested from the wilderness. Twenty-sixth Avenue, upon which Grace Hospital faces, has just been paved; at the rear and on either side, the land is being cleared.

Despite the fact that the building, as it now stands, is large and commodious, the calls for accommodation which have been made since its inception about nine months ago point to the need for additional wings being added, in order to help provide Young Canada with a safe port of entry.

When the plans for Grace Hospital were drawn, the Salvation Army thought ample provision had been made for years ahead. The hospital was not in actual operation for more than two months, when it was found that it would only be a matter of months before the hospital would be taxed to capacity. So overwhelming has been the demand from both classes of patients—those who can afford to pay and the less fortunate ones who can not—that the need filled by this hospital is quite apparent.

This institution, which is a maternity hospital, was built with accommodation for seventy patients, and in an emergency it can make room for seventy-five; right now it is being taxed to capacity.

As far as fittings and equipment go, it would take an expert to do justice to Grace Hospital; but even to the uninitiated it is apparent from the carefully-labelled babies in the nursery to the electrical refrigerator in the basement—that it is the last word in efficiency.

There is absolutely no chance of getting the babies mixed up. Before each new baby is taken from the delivery room, it has its wrist labelled with its mother's name. A similar label is on the cot. They make a point of giving personal and individual attention to every baby.

Each baby has a separate cubicle for its belongings, which are thus kept entirely by themselves. Each nursery has a utility room connected with it. This contains a soft, padded table, where the babies are changed and bathed. There is also a thermostat heater to regulate the temperature of the water, scales for weighing the babies and cubicles for their individual necessities.

The nurseries are beautiful—something that every mother dreams about for her own baby, although on a smaller scale, of course. Wide windows letting in the light and sun; softly-tinted walls, one having a painting of an immense stork; rows of tiny, frilly, spotless crib-baskets, in the centre of the room a small stand containing a huge bowl of yellow daffodils; everything that could possibly go toward giving baby the right kind of a start in the world. There is also an incubator.

The first baby to be born within the walls of Grace Hospital had the signal honor of being dedicated by Colonel Payne, the superintendent, and received the name of "Robert Randolph Bruce Payne" which, it will be noted, includes the name of the Lieutenant-Governor, who opened the building on October 2, 1927.

In Grace Hospital nothing seems to have been overlooked that might contribute to the care and comfort of the mothers and babies. And in the furnishing of this institution, various private individuals and clubs have generously contributed.

For instance, there is the public waiting room to



Grace Maternity Hospital, Vancouver

the left as you enter the building. The tasteful furniture in this room was the gift of Mrs. Mary Ellen Smith, M.L.A. Then there is a small room for the convenience of the doctors, which is fitted with a roomy clothes closet, telephone and comfortable furnishings. Post No. 1 of the Native Daughters of British Columbia was responsible for this contribution. Another gift is the fittings for one of the public wards. This is known as the Gladys Winola Andrews' ward. The Rebekah lodges of Vancouver also contributed toward the furnishings of another public ward. Further donations include furnishings of the Laurier Club ward, the Salvation Army Home Legion Nursery, the Civilian Pensioned Mothers' Association (who have equipped a ward in memory of Winnifred Mahon, first minimum wage inspector), Enoch Evans and son, private ward, and the Canon Davis memorial ward.

Both public wards, each of which contains ten beds, are situated directly above one another on the second and third floors. They end in wide and spacious sunrooms, tastefully furnished in wicker and chintz, which are for the use of patients who are sufficiently convalescent to take advantage of their comfort.

In addition to the public wards, there are four three-bed wards, seven semi-private rooms and sixteen private rooms.

There is also an operating room, equipped with the latest system of lighting; sterilizing room, equipped in the most up-to-date manner; diet kitchens and utility rooms.

The top floor of the building, which was primarily intended to be used for patients, is being used as sleeping and living quarters for the staff of twenty-five nurses which the hospital at present employs. The attractive sitting room on this floor was furnished by Messrs. Morrin & Thompson of Phoenix, B.C.

There does not appear to be any wasted space in this building. On the first floor, which is really the basement, are to be found the nurses' dining room, a sewing room, electric refrigerators, kitchens, furnace rooms, supply rooms, laboratory, etc.

During the first six months after the opening of Grace Hospital 330 babies were born under its roof. Three hundred mothers, while they went down into the valley of the shadow, had the advantage of everything that modern skill, medical care and attention could provide. And their babies had most priceless thing, proper care at birth.

It might be noted that while Grace Hospital is willing to take care of any and every patient who cannot afford hospital care otherwise, a great percentage of its patients are paying patients. The hospital is making an endeavour to be self-supporting, and the patronage of the patients who are able to pay, coupled with the generous contributions of the public, will make this possible.

Grace Hospital Annex, which is run in connection with Grace Hospital, is situated on Eighth Avenue, and takes care of a large percentage of the less fortunate patients who are unable to pay their way; provi-

Continued on Page 25

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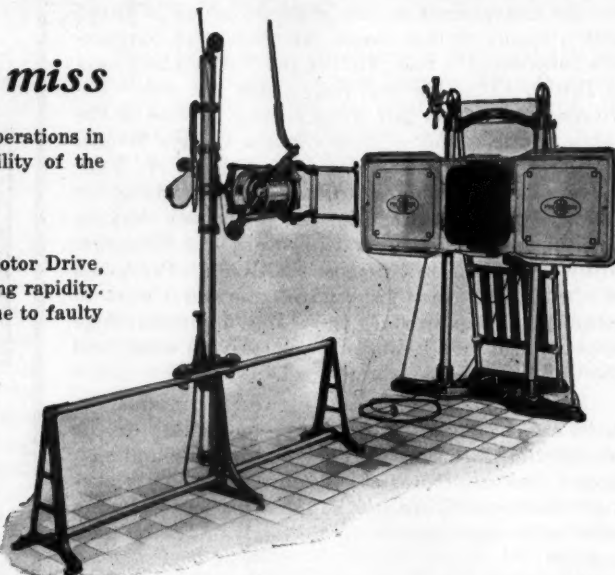
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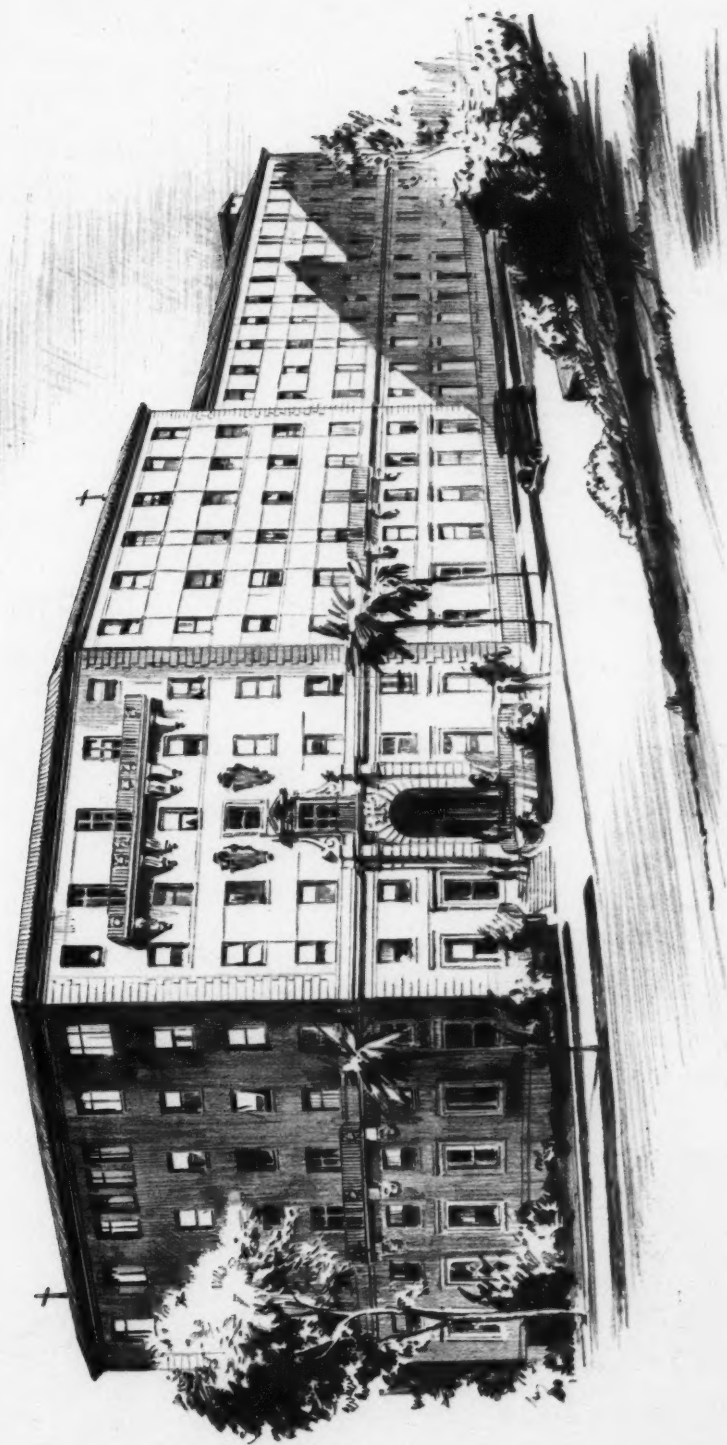
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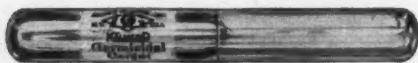


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360..HORSEHAIR.....	168.....	00
390..WHITE SILKWORM GUT..	84.....	00, 0, 1
400..BLACK SILKWORM GUT..	84.....	00, 0, 1
450..WHITE TWISTED SILK....	60.....	000 TO 3
460..BLACK TWISTED SILK....	60.....	000, 0, 2
480..WHITE BRAIDED SILK....	60.....	00, 0, 2, 4
490..BLACK BRAIDED SILK....	60.....	00, 1, 4

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NO.	INCHES IN TUBE	SIZES
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812..10-DAY KALMERID "	20..00, 0, 1, 2, 3	
822..20-DAY KALMERID "	20..00, 0, 1, 2, 3	
862..HORSEHAIR.....	56.....	00
872..WHITE SILKWORM GUT....	28.....	0
882..WHITE TWISTED SILK.....	20.....	000, 0, 2
892..UMBILICAL TAPE.....	24... 1/8-IN. WIDE	

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914..10-DAY KALMERID "	20..00, 0, 1, 2, 3	
924..20-DAY KALMERID "	20..00, 0, 1, 2, 3	
964..HORSEHAIR.....	56.....	00
974..WHITE SILKWORM GUT....	28.....	0
984..WHITE TWISTED SILK.....	20.....	000, 0, 2

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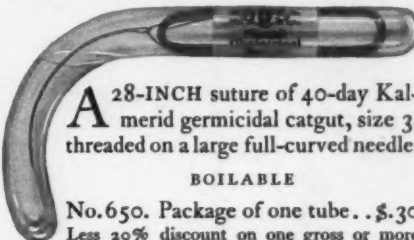
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All sutures are gauged by the standard catgut sizes as here shown

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00	6
0	8
1	16
2	24
3	

*These tubes not only may be boiled but even may be autoclaved up to 30 pounds pressure, any number of times, without impairment of the sutures.

†Potassium-mercuric-iodide is the ideal bactericide for the preparation of germicidal sutures. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues.

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ANTYLLUS, the famous Greek surgeon who practiced in Rome during the golden age of surgery (*circa* 200 A. D.) was first to employ ligatures in aneurysm. He recommended ligation of the vessel at either side of the sac, and evacuation of the tumor by incision before extirpation to prevent slippage of the ligatures through vascular tension. He used catgut, or Celtic linen purchased at a shop in the Via Sacra near the Temple of Rome.

D&G Sutures

"THIS ONE THING WE DO"

DAVIS & GECK INC.

Grace Maternity Hospital, Vancouver, Enjoys Ideal Facilities

Continued from Page 19

sion is also made for unmarried mothers. Of course, as everyone knows, the Salvation Army has always been a merciful and loving mother in caring for these cases, and as far as care goes, no distinction is made.

Colonel Louise Payne, R.N., who is in charge of Grace Hospital, is a woman of wide experience in hospital work, having been for fifteen years in charge of Grace Hospital in Winnipeg. The medical staff at Grace Hospital consists of the following medical and surgical specialists: Dr. W. S. Turnbull and Dr. J. W. Arbuckle, obstetricians; Dr. E. Johnson Curtis and Dr. R. P. Kinsman, pediatricians; Dr. C. H. Vrooman; Dr. G. E. Selden, surgical; Dr. E. H. Saunders, eye, ear, nose and throat specialist, and Dr. A. Y. McNair, pathologist.

While the majority of patients received at Grace Hospital are residents of Vancouver, there is an occasional entry from other portions of British Columbia. Patients are admitted, irrespective of nationality or creed.

The following figures go to show the great need this hospital has filled, and also draws attention to the fact that six months after it opened its doors it was being taxed to capacity.

Number of patients admitted, 360; number of babies cared for, 330; number of girls, 162; number of boys, 168; twins, six pairs; number of non-paying patients cared for, 93.

Prominent Medical Men Visit West

TORONTO, ONT.—A special lecture and clinical tour of outstanding medical men from Eastern Canada will be made in Western Canada this fall, commencing with Winnipeg. They will be present at the annual conventions of the Prairie Provincial Associations, and materially assist in the programmes.

Their names and standing would indicate that a rare treat is in store for the profession throughout the West.

Dr. A. Primrose, dean of the faculty of medicine, and former professor of obstetrics and gynaecology, Toronto University.

Dr. J. C. Meakins, professor of medicine, McGill University, Montreal.

Dr. Roscoe Graham, assistant professor of surgery, Toronto University.

Dr. F. F. Tisdall, specialist in children's diseases, Sick Children's Hospital, Toronto.

Dr. T. C. Routley, general secretary of the Canadian Medical Association.

Dr. G. Harvey Agnew, secretary of the Department of Hospital Service of the Canadian Medical Association.

They will be in Winnipeg September 10 and 11; Prince Albert, September 13 and 14; Edmonton, September 18 and 19.

TORONTO, ONT.—Dr. Ruth M. Franks, of Toronto, has been appointed assistant physician at the local Psychiatric Hospital.

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The Maritime Conference of the Catholic Hospital Association

The fifth Maritime conference of the C.H.A., which was held at Charlottetown on June 20, 21 and 22, was decidedly a success. Reverend Mother Audet, R.N., Hotel Dieu of St. Joseph, Campbellton, N.B., the capable and energetic president of the Association, directed the activities of the convention, which was marked with a great deal of zeal and enthusiasm.

The keynote of the proceedings was Nursing Education in the Maritimes, though the human and philanthropical phases received due attention also. Convenors were present from the Hotel Dieu Hospitals of Chatham, N.B.; Campbellton, N.B.; Moncton, N.B.; St. Basil's, N.B., and Tracadie, N.B.; St. John's Infirmary, St. John's, N.B.; City Hospital, Charlottetown, P.E.I.; St. Martha's Hospital, Antigonish, N.S.; St. Joseph's Hospital, Glace Bay, N.S.; Ross Memorial Hospital, Sydney, N.S., and St. Mary's Hospital, Inverness, N.S.

The conference opened with mass celebrated by Right Reverend L. J. O'Leary, Bishop of Charlottetown, who also preached a masterly and eloquent sermon on the mission of the Holy Ghost in the Church. Very Reverend Monsignor McDonald of Charlottetown delivered a very fine and inspiring address of welcome, to which the president warmly responded.

The first paper on the programme was "Hospital Mentality" by Reverend John R. McDonald, P.P., Georgeville, N.S., who did full justice to the subject in his usual practical and convincing style, which elicited much favourable comment. "Hospital Hos-

pitality" was the theme of the next paper by Sister M. Beatrice of Bethany, Antigonish, N.S. Sister Kerr, R.N., R.Ph., of Hotel Dieu Hospital, Campbellton, N.B., presented an excellent paper treating of "Hospital Conferences," which was followed by a demonstration in which the Hotel Dieu Sisters from the various hospitals of New Brunswick took part. At its conclusion Mother M. Ignatius, of Bethany, opened a lively discussion on the same subject. Sister M. Elizabeth, dietitian of St. Joseph's Hospital, Glace Bay, presented a paper on "Liquid Diet," which was followed by a demonstration and a very interesting discussion by Sister Katherine, R.N. of St. John's Infirmary, N.B. This closed the afternoon session of the first day after which the delegates were treated with a motor trip to "Allanmore", the beautiful summer residence of Bishop O'Leary.

The evening session consisted of an informal meeting of the Sisters with Mother Audet as chairman, when the following topics were freely discussed: (1) "Pharmacy Work in Our Hospitals," by Sister Kerr; (2) "Nurses' Sodalities," by Sister M. Rita, R.N., Directress of Nurses, St. Joseph's Hospital, Glace Bay, N.S.; (3) "Miscellaneous Problems," by Mother Audet, president, and Mother Francis Loyola of Mount St. Mary, Charlottetown.

A pleasing feature of the conference was an informal visit from His Lordship Right Rev. James Morrison of Antigonish, who invariably takes a keen interest in all progressive movements.

The first session of the second day's deliberations

Continued on Page 28



Inviting Nursery of Grace Maternity Hospital, Vancouver

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Grace Hospital,
Toronto, Ontario

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Maritime Conference of Catholic Hospital Association

Continued from Page 26

opened with a scholarly and forceful address on Nursing Education by Reverend P. J. Mahan, S.J., Regent of Loyola University of Medicine, Chicago. He dwelt particularly on the requirements for the grading of schools of nursing and how the small hospitals may meet such requirements. A thought-provoking discussion followed by Sister M. Camillus, R.N., Directress of Nurses, St. John's Infirmary, St. John, N.B. The next number on the programme was a most enlivening round-table discussion opened by Reverend P. J. Mahan, S.J. "The Faculty of the School of Nursing in Small Hospitals" was the interesting subject of his comments, which threw a great deal of light on this very practical phase of hospital problems.

The afternoon was also devoted to round-table discussions in which the weak points in our nursing education were discussed, with Father Mahan acting as chairman. The second evening session was also an informal meeting of the Sisters with Sister M. Camillus as chairman, who also gave an interesting report of Nursing Education in New Brunswick. A demonstration on "Lesson Planning and Teaching in Schools of Nursing" was given by Sister M. Jovita, Directress of Nurses, St. Martha's Hospital, Antigonish, which was followed by a round-table discussion, presided over by Sister Carroll, Instructor of Nurses, Hotel Dieu Hospital, Montreal. The morning session of the last day was splendidly covered by Dr. Helen McMurchy of Ottawa, who gave a very fine address on "Child Welfare in the Department of Health of Canada," and Dr. G. Harvey Agnew, Secretary of Hospital Service Bureau, Canadian Medical Association, Toronto, who gave a wonderful talk on "A New Development in Canadian Hospital Life." Both addresses were particularly instructive and of great practical value to hospital workers in general. Business meetings, election of new officers and committees, a visit to the scientific and commercial exhibits of Prince of Wales College, and a pleasant drive to Falconwood closed a very splendid programme.

Officers Elected

The new officers elected for the ensuing year are: President, Sister M. Camillus, R.N., Directress of Nursing School, St. John Infirmary, St. John, N.B.

1st Vice-President, Sister M. of the S. Heart, R.N., Superintendent of St. Mary's Hospital, Inverness, C.B.

2nd Vice-President, Sister Kerr, R.N., Directress of Nursing School, Hotel Dieu of St. Joseph, Campbellton, N.B.

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Halifax Infirmary, Cobourg Branch, Halifax, N.S.; Sister M. Jovita, Directress of Nursing School, St. Martha's Hospital, Antigonish, N.S.; Sister Louise Gertrude, R.N., Directress of Nursing School, Hotel Dieu de l'Assomption, Moncton, N.B.

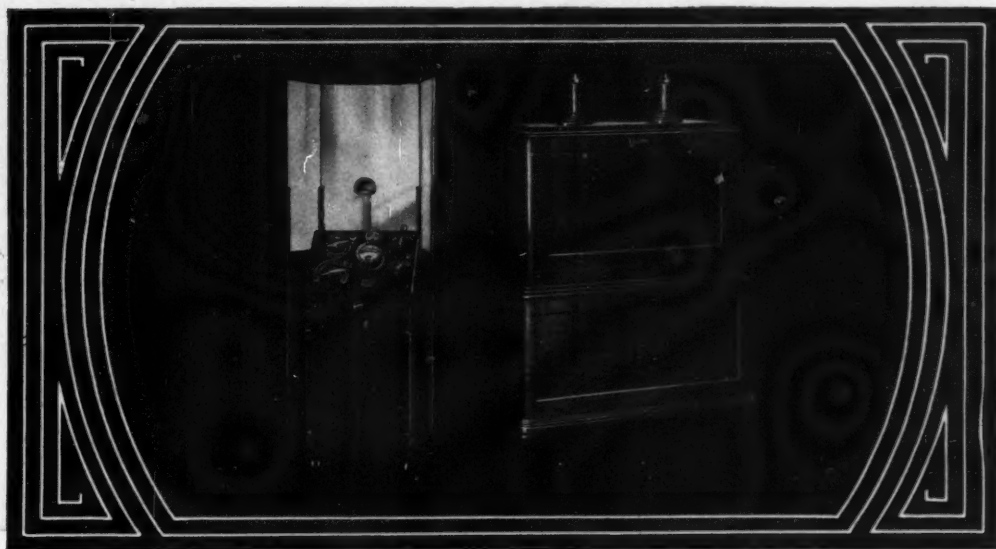
Convenors of the Committees: Nurse Education, Sister Audet, R.N.; Pharmacy, Sister Kerr, R.N.; Dietary, Sister M. Elizabeth, St. Joseph's Hospital, Glace Bay, C.B.; Records, Sister Shannon, R.N., Hotel Dieu of St. Joseph, Campbellton, N.B.; Laboratory, Sister Hickey, R.N., Hotel Dieu of St. Joseph, Chatham, N.B.; X-Ray, Sister Immaculata, St. Martha's Hospital, Antigonish, N.S.; Publicity, Sister John Baptist, Bethany, Antigonish, N.S.; Sodalities, Sister M. Rita, R.N., Directress of Nursing School, St. Joseph's Hospital, Glace Bay, C.B.; Maritime Guild of C. Nurses, Reverend J. R. McDonald, Georgeville, N.S.; Constitutions and By-laws, Sister M. Camillus, R.N.

Modern Training School added to Hospital at St. Boniface, Man.

Very handsome and modern is the spacious training school for nurses which has recently been erected in Western Canada at St. Boniface, Man. The official opening took place the end of February and Hon. T. A. Burrows, Lieutenant-Governor, officiated. The building, which is of a reinforced concrete skeleton type of construction, built on piles driven down to rock bottom, has a frontage of 118 feet and a depth of 135 feet. It is a five-storey structure of brick and stone, accommodation being provided for 166 nurses. The main entrance to the building is approached by a flight of stone steps, having an ornamental balustrade. An office is located at the entrance hall, where an attendant will be on continuous duty, operating the telephone switchboard, attending calls and looking after the nurses' record board and mailing system. Six trunk telephone lines enter the building.

There are two pleasant reception rooms, finished in oak, with hardwood floors. A large screened verandah extends along one end of the larger reception room, and adjoining the entrance hall is the office of the superintendent of nurses, with a suite of rooms, also a small consultation room. The balance of the ground floor is devoted to the library, demonstration room, which is equipped with various kinds of apparatus required for the instruction of nurses, a large lecture room for class purposes, a fully equipped room for the study of dietetics, a room for the study of chemistry, physics and other science subjects, while there is a small suite of rooms for nurses who are in ill-health.

The school is connected with the hospital by a tunnel on the basement floor level, which will be a great benefit to the nurses on their daily journeys from one building to the other. There are two dining-rooms on the main floor of the school, with accommodation for 150, the seating capacity of the main hall being 120. A service kitchen is situated between the two dining-rooms. After considerable study in connection with the best method of serving meals, it



Who Would Trade in a Snook?

An extract from a report by a Victor representative, following his call on one of the largest clinics in the country:

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"I want to call your special attention to their 100 M. A. Coolidge Tube which they have been using on their Snook machine not quite a month. Radiographs of 3695 patients, or a total of 7308 exposures, were made with this tube and it is still going strong."

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A FEW months ago a Victor representative called on a physician who for several years had been using a Snook machine in his completely equipped X-ray laboratory.

This physician, being successful both professionally and financially, had come to the conclusion that inasmuch as he turns in his auto every other year or so, to get the advantages of the latest model, it was high time that he turned in his Snook for the same reason. The idea was soon dispelled, however, when the doctor was informed that even though he had purchased his Snook ten years ago, it would be equal to all demands of present-day technic in radiographic diagnosis.

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Addition of Training School to St. Boniface Hospital

was decided that the cafeteria system be adopted, as it would enable the nurses to have their meals with the least possible delay and at the same time give them an opportunity to have their favoured dishes, either hot or cold, under the most favourable conditions. In this connection, the most up-to-date system has been installed, including toasters, steam tables, tea, coffee, milk and water urns, butter receptacles and other modern contrivances. The service kitchen is equipped with electric refrigerator and other appliances, all of which have been made of "monel-metal." The floors throughout the building are of terrazzo, with a white tile base at the wall line. The only exception to this is the reception rooms.

In a room adjoining the main dining hall there is a cabinet which provides space for the serviette and dishes of each nurse. There are monelmetal sinks in this room to permit of the washing up of the dishes by the nurses, a drying cabinet for dish towels, and a medicine cabinet. Provision also has been made for the sterilization of dishes.

One of the features of the office of the school is the monelmetal board, on the operator's desk, with push buttons arranged according to the floors and with numbers corresponding with each room. From this board a nurse can be communicated with. The same arrangement is used on the nurses' record board and the rack containing mail for the nurses, the numbers of each corresponding with the push-button board. In addition, there is an electric time clock which acts as the master for clocks on the other floors of the building. Another innovation is a device from which bells may be automatically rung in a single or group of rooms at predetermined hours during the day.

There is a large sewing-room and a small laundry in the basement for the special use of nurses. The latter contains laundry tubs, a clothes dryer, and four

up-to-date ironing boards, each having its own electric power connection. A reception room, 30 x 50 feet, is also located in the basement, which may be used by the nurses for basketball and other indoor games. Adjoining this is a large kitchenette, containing an electric stove, refrigerator, sinks, cupboards and a series of individual receptacles, etc. Adjacent there is a cloakroom, for the use of the visiting physicians of the institution, who will use the recreation room for luncheons, meetings or lectures.

The four upper floors are uniform, with the exception of a special small suite of rooms on the second floor and a small kitchenette on the third floor. The four floors of bedrooms provide sleeping accommodation for 166 nurses in 112 single and twenty-seven double rooms, each having its own individual clothes closet. Each floor has a sitting-room, a utility closet and linen room. On the second floor there are two large balconies, which are brightened up by a floor of red quarry tile, while smaller balconies are located at the staircase landing and the end of the corridors on each floor.

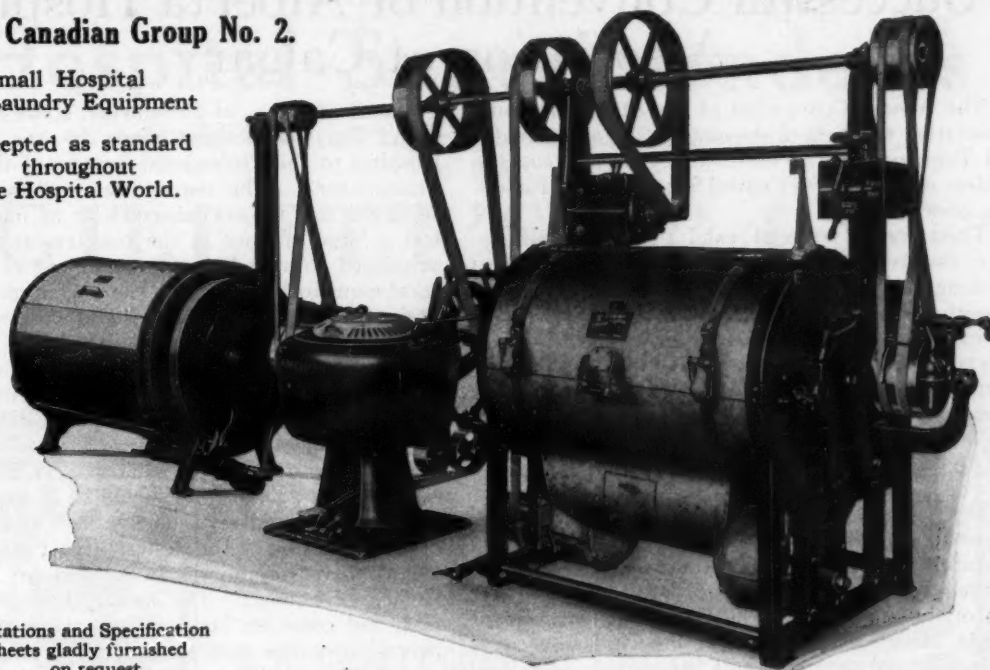
Two enclosed fireproof staircases are finished with slate treads, mosaic tile strings, iron balustrade and oak handrail, continuous without newels from top to bottom.

KINGSTON, ONT.—Nokomis Lodge, the palatial summer home of Dr. and Mrs. William H. Nichols, of New York, has been presented to the Kingston General Hospital in return for courteous service rendered the Nichols family. The Hospital Board has decided to open it immediately as a home for business men or tourists in need of rest. With the lodge goes all the furnishings and the grounds which make up one of the most beautiful estates in the Thousand Islands. It is valued at more than \$170,000.

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Successful Convention of Alberta Hospital Association at Calgary

The Annual Convention of the Alberta Hospital Association was held in the city of Calgary, Monday and Tuesday, June 25 and 26. Dr. Baker, superintendent of the Alberta Central Sanatorium at Robertson, presided.

There was a splendid exhibit of hospital supplies, this being the second year in which this sort of thing has been attempted. The exhibitors expressed themselves as well satisfied with the results achieved, and stated without exception that the efforts put forth to effect the set-up had been well worth while. Several of the hospitals had exhibits. These were confined chiefly to special things which the individual hospital had devised or made.

Recommendations re Per Diem Grant

Dr. Gow, superintendent of Calgary General Hospital, introduced the subject "The Grading of Hospitals with a view to a more Equitable Division of the Per Capita Per Diem Grant." The speaker was of the opinion that the Provincial Government should classify hospitals with special reference to equipment and nature of work attempted and carried out. He pointed out that it was pre-eminently unfair for a hospital which was providing only the bare necessities for treatment to be allowed the same per diem grant by the Government as one which had gone to the expense and trouble of setting up more elaborate scientific apparatus. The following resolution was presented by the speaker:

"That the Legislative Committee of the Alberta Hospital Association be instructed to recommend to the Health Department of the Provincial Government that approved hospitals in the Province of Alberta be paid a per diem per capita grant as follows:

1. All approved hospitals to be paid as at present fifty cents per patient per day.
2. Approved hospitals operating a Training School, or Laboratory or an up-to-date X-ray Department, be paid an additional ten cents per patient per day.
3. Approved hospitals operating a Training School and Laboratory, or Training School and up-to-date X-ray Department be paid an additional grant of twenty cents per patient per day.
4. Approved hospitals operating a Training School, Laboratory and up-to-date X-ray Department be paid an additional grant of thirty cents per patient per day.

"The Responsibility of the Hospital to the Surgeon and of the Surgeon to the Hospital" was dealt with in a very effective manner by Dr. D. S. McNab, of Calgary. He laid special emphasis on the desirability of the operating room service providing a graduate nurse thoroughly competent in surgical technique to be in charge of each major operation. He expressed the hope that the time would soon be here when each hospital would have a competent staff of internes.

Dr. T. R. Ross, of Drumheller, spoke on the subject "The Contribution made by the Municipal Hospital to the Professional Success of the General Practitioner." The doctor was well qualified to speak on this subject inasmuch as he has for years had a large practice in the country, and has been privileged to treat his patients in one of the many rural municipal hospitals. The doctor spoke in very praiseworthy terms of the splendid work which these hospitals are doing.

Mr. Allan Fraser, of Calgary, a layman who has for years been interested in hospitalization, outlined what he considered the hospital should furnish the patient for the per diem rate. Mr. Fraser was of the opinion that whether the patient could pay or not, that all services in the institution should be available to him and that extra charges should be kept at a minimum.

The question of the desirability of establishing a Health Inventorium was introduced by Dr. A. E. Archer, of Lamont. The speaker thought that the time had come for hospitals to take a more active part in preventive medicine, and he was of the opinion that the Health Inventorium was one of the ways in which this could be most readily done. He stated that if people could be periodically examined that a great deal of sickness might be prevented.

Dr. M. R. Bow, deputy minister of public health for the province, gave a most interesting and inspiring address on "The Advantages of Full Time Service in Public Health Work."

Additional Training for Nurses

A committee appointed at the 1927 Convention to look into the question of the desirability of training pupil nurses in mental and T.B. work reported that in their opinion it was very desirable and necessary that all nurses before graduating be given a reasonable amount of training in these two branches of work.

Mrs. J. Gibson, of George McDougall Hospital, Smoky Lake, read a very interesting paper on "Some Problems of the Small Hospital on the Frontier." The hospital with which Mrs. Gibson is associated is situated in a very large colony of new Canadians, and she gave in very interesting manner, many accounts of patients received whose cases had been long neglected. She cited one case in particular of a small boy who was suffering from a compound fracture of his leg. The accident had occurred some ten days before his admission to the hospital, and the parents had applied a mixture of cabbage leaves, moss and fertilizer, and had tied the leg up with old cotton cloths. When this so-called dressing was removed by the surgeon and nurse, the wound was found to be full of maggots. In spite of this crude treatment, the boy made a good recovery and was discharged cured several weeks later.

Dr. H. R. Smith, superintendent of the Royal Alexandra Hospital, Edmonton, gave a short address

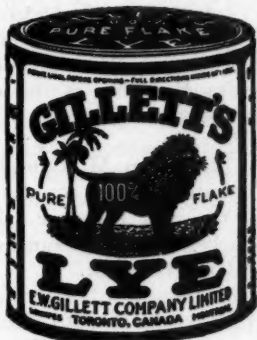
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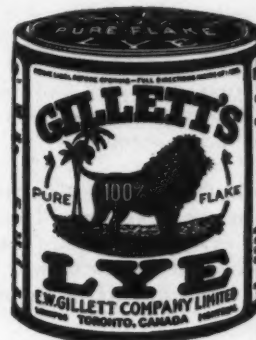
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News of Hospitals and Staffs

A Condensed Monthly Summary of Hospital Activities, Building and Extension Plans and Personal News of Hospital Workers.

Editor's Note: Contributions of items for publication in this department will be gladly received. Please address, The Canadian Hospital, 454 King Street West, Toronto.

CALGARY, ALTA.—Officers elected when the Alberta Association of Registered Nurses met in Calgary in connection with the Hospitals and Workers' Association are: Miss E. McPhedran, of Calgary, president; Miss Edna Augur, of Medicine Hat, vice-president; Miss Sadie Macdonald, of Calgary, second vice-president; Mrs. Elizabeth Clark, of Edmonton, treasurer and secretary; Miss Munro, Miss A. Fernwick and Sister Lavery of Edmonton, complete the executive.

CALGARY, ALTA.—Construction of a large new wing at the Holy Cross Hospital, and complete re-modelling of other parts of the building at an approximate cost of \$300,000, will be started in the near future, according to the Board of Directors.

CHAPLEAU, ONT.—Miss S. B. Cullen, who for the past five years has been on the nursing staff of the Lady Minto Hospital at Chapleau, has been appointed matron of that institution to succeed Miss Sarney, who has left to occupy a similar position at Cochrane.

CHARLOTTETOWN, P.E.I.—The Canadian Medical Association met in Charlottetown in June, and it was announced that funds had been secured to pay for two additional men to be attached to River Glade Sanitarium in New Brunswick as diagnosticians. The resignation of Dr. George J. Wherret, of Moncton, director of the Maritime Tuberculosis Educational Committee was accepted to take effect on his return from Europe next fall. In the meantime Miss Madge McCourt, R.R.C., R.N., Moncton, will carry on his duties. Dr. P. A. Creelman was appointed full time health officer and diagnostician for Prince Edward Island.

COLLINGWOOD, ONT.—During the latter part of June, the corner stone of the McCarthy wing of the G. & M. Hospital was laid by the president of the Board of Trustees. Later in the fall, upon the completion of the wing, it is expected to have a formal opening, when it is hoped that Mr. Leighton McCarthy, K.C., will be present.

CORNERBROOK, Nfld.—Dr. C. W. D. MacKenzie, of the Royal Victoria Hospital, Montreal, has been tendered the position of consulting urologist of the Cornerbrook Hospital of the International Power and Paper Company of Newfoundland, Limited. This is the only hospital on the west coast of Newfoundland

and is available for all its inhabitants as well as the 3,500 employees and families of the company.

DURHAM, ONT.—Miss Marian Petty has resigned from the superintendency of the Royal Alexandra Hospital at Fergus, a position which she has held for some years. Miss Mabel Anderson, a former graduate of the Royal Alexandra Hospital, is the new superintendent, her duties commencing July 1.

INDIAN HEAD, SASK.—Miss Jean M. Campbell, R.N., who has been superintendent of the Indian Head Union Hospital for the past five and a half years, has left for Chicago where she will assume new duties in the Washington Park Hospital.

LEAMINGTON, ONT.—Dr. Neil Laurie, of Leamington, has been appointed to the staff of the Western Hospital, Toronto.

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MONTREAL, QUE.—Miss Frances L. Reed, for the past three years instructor-in-chief for nurses at the Montreal General Hospital, will assume the post of superintendent of nurses in that hospital on the first of August.

* * *

NELSON, B.C.—Miss C. Kettles, for six years matron of Virden Hospital, has been appointed superintendent of the Kootenay Lake General Hospital at Nelson, where she has already assumed her duties.

* * *

WINDSOR, ONT.—A grant of \$50,000 from the Provincial Government to the Essex County Tuberculosis Sanatorium has been announced. This gift is in accordance with a promise made by Premier Ferguson that if \$50,000 were raised locally the Province would contribute a like sum.

* * *

OSHAWA, ONT.—Mr. G. D. Conant, who has been chairman of the board of the Oshawa General Hospital for the past year, has now been elected president, succeeding Mr. J. D. Storie, who has been elected honorary president.

* * *

PORTAGE LA PRAIRIE, MAN.—Miss Durham, of Brantford, Ont., has been appointed superintendent of the operating room/and head surgical nurse of the Portage General Hospital. Miss Durham assumed her duties in July.

* * *

REGINA, SASK.—Miss Drusilla Russenholt, R.N., will take charge of the Red Cross outpost hospital at Meadow Lake. From Prince Albert she has to go 120 miles to the outpost via mail stage.

* * *

REGINA, SASK.—Representatives of twenty-five hospitals in the province will attend the annual meeting of the Saskatchewan Hospital Association, which is to be held in the fall in Regina. A definite date for the meeting has not been set but it is indicated that it will take place in October or November.

* * *

SUMMERSIDE, P.E.I.—The annual meeting of the Registered Nurses' Association was held in Summerside in June. Officers elected for the coming year are: president, Mrs. W. A. Allen, Summerside; vice-president, Miss King, of the City Hospital, Charlottetown; secretary, treasurer and registrar, Miss Anna Mair, superintendent of the P.E.I. Hospital, Charlottetown.

* * *

TORONTO, ONT.—Col. C. McMane, M.D., for years in charge of the work for invalided soldiers at Christie Street Hospital, Toronto, has been appointed district administrator for military district No. 2, and will have complete charge of every branch of the soldiers' rehabilitation work in Toronto. Col. H. S. Cooper is his second-in-command.



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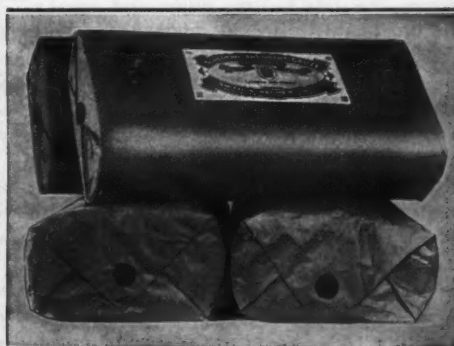
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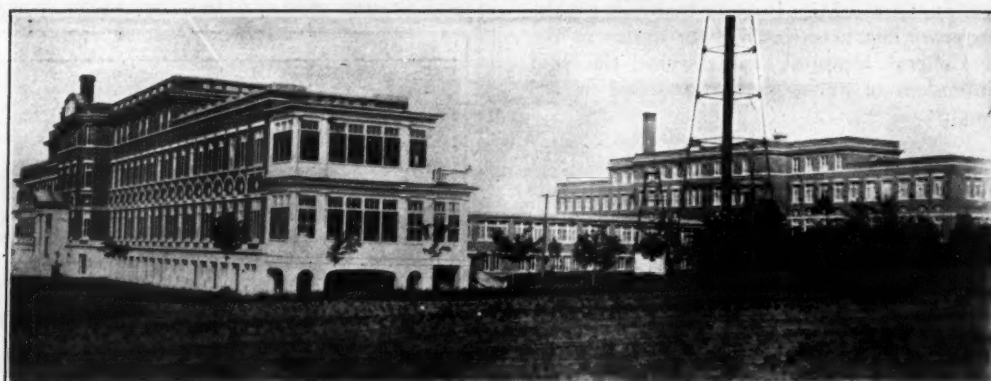
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Side view of Laval Hospital showing Taschereau Building at left

Laval Hospital Buildings Are Thoroughly Modern

Laval Hospital, at Ste. Foy, Quebec, was opened on June 6, 1918, with a capacity of 125 beds and these beds were so quickly filled that the first building soon proved too small for the number of patients in need of care.

This hospital receives patients who are suffering from tuberculosis and their purpose is to receive them at as early a stage as possible. It is then their endeavour, by means of suitable treatment, regulation and routine, interesting surroundings, teaching, training and encouragement to arrest the disease, improve their condition, increase their resistance, accustom them in right modes of living and enable them, if possible, to make a favourable and successful start in ordinary life and work again.

Therefore, when the accommodation became inadequate, another unit, called "Taschereau Building," was erected in 1924. The new building had equal capacity to the former one and so offered accommodation for 250 patients.

Dr. Arthur Rousseau, dean of the medical faculty of Laval University, with the help of His Grace, the late Archbishop P. E. Roy, and a few other gentlemen whose ambition was to relieve suffering humanity, were the generous promoters of the good work.

The location of the hospital is an ideal one, being away from the city's dirt, noise and smoke. The grounds are beautifully laid out in lawns and walks, bordered with trees and shrubs. Enjoying the advantage of exhilarating dry air, blue sky and bright sunshine, the tuberculous patients can, with comfort, live an open-air life, which is of course, of vital importance in arresting tubercular activity.

Neither thought nor expense has been spared on designing, constructing and equipping all buildings with every essential for the treatment and hygienic comfort of patients.

The hospital is incorporated and its property, income and management are under the control of a board of directors, composed of prominent business men.

The Sisters of Charity of Quebec are in charge

of the institution and since 1918, 3,325 patients have been admitted. Sr. St. Gertrude is the superintendent and the board of directors is composed of: Honourable L. A. Taschereau, Prime Minister of the Province of Quebec, president; Arthur Rousseau, M.D., medical superintendent; Honourable Judge Ferdinand Roy, secretary; Mr. J. A. LaRue, C. A., treasurer; L. P. Turgeon; J. M. McCarthy; J. H. Fortier.

The present members of the medical staff are: Dr. Arthur Rousseau, superintendent; Dr. Roland Desmeules, physician-in-chief; Dr. Alphonse L'Esperance, assistant radiologist; Dr. Arthur Simard, surgeon-general; Dr. S. Gaudreau, dentist; Dr. N. A. Dussault, oto-reno-laryngologist; Dr. R. Pelletier, intern.

Successful Convention of Alberta Hospital Association

Continued from Page 32

on "The Cost of Sickness." The speaker reminded the delegates of the well known fact that the cost of doctors' services and that of hospitalization had increased markedly in the last twelve or fifteen years, and that many patients of moderate means were finding it difficult to meet their obligations. The doctor suggested that satisfactory measures looking to the permanent relief of this state of affairs must have as their basic principles (1) A co-operative scheme whereby citizens when well would contribute to a fund which could be used for their mutual benefit when sick; (2) The co-ordination of all health services including (a) hospitalization; (b) nursing and medical care; (c) preventive health activities.

The Convention of the Alberta Association of Registered Nurses, and the Alberta Health Officers was held at the same time and place as that of the Hospital Association. On Monday at noon, the graduate nurses of the city of Calgary gave a luncheon to the delegates of the three Associations at the Palliser Hotel. Mayor Osborne, of Calgary, addressed the luncheon. Good fellowship was the keynote of this occasion, and all heartily enjoyed themselves. On Tuesday at noon, motor cars conveyed the delegates up the valley of the Bow River a distance of ten miles to the Alberta Central Sanatorium where a splendid luncheon was served under the direction of

the congenial president of the Hospital Association, Dr. Baker. A short programme followed this luncheon, and then the delegates were shown through the Sanatorium.

The Convention adjourned to meet again in the year 1929.

News of Hospitals and Staffs

TIMMINS, ONT.—Miss Morris, formerly superintendent of the Lady Minto Hospital at Timmins, has accepted a position as instructress of the training school of the Oshawa Training School.

TORONTO, ONT.—Under a recommendation of the Ontario Department of Health, the Ontario Cabinet has passed an Order-in-Council appointing several registered nurses as members of a Board of Examiners, under the nursing training school legislation.

WAINWRIGHT, ALTA.—The new Wainwright Municipal Hospital was officially opened in June. Miss I. M. Huxley is superintendent, and, although the hospital is not large, it is very efficiently equipped and fills a much needed want in this locality.

WINNIPEG, Man.—Plans for the enrolment of Canadian nurses for emergency service in times of provincial and national disaster, or of war, were approved at the biennial meeting of the Canadian Nurses' Association which was held in Winnipeg in July.

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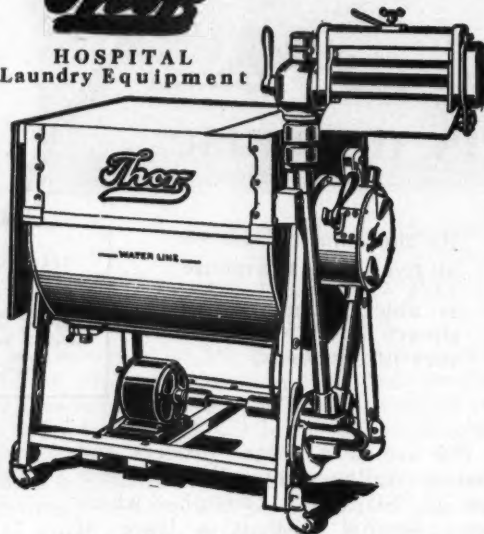


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sizing with Satin Finish, why
starch them?

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The Hospital Laundry

Properties of Blue

By F. H. GUERNSEY

Chief Chemist, The Cowles Detergent Co.

A wise laundry manager will pay considerable attention to the selection of his blue, for the colour of an otherwise properly washed load may be spoiled in the bluing operation.

In the selection of blue, the water conditions, formula, etc., must be considered along with the composition of the blue.

The older methods of bluing employed the inorganic blues, but these have been largely superseded by the modern aniline colours.

Ultramarine Blue

This is an inorganic blue prepared by fusing a mixture of clay, soda ash and sulfur. Variation of the ratio of the different components and degree of fineness produce variations in the shade produced. It is insoluble in water, but is capable of suspending itself colloiddally in water and is thus applied as a colloidal suspension.

Chlorine bleach changes the colour toward a red shade. Sours decompose it. In other words, ultramarine blue is dissolved by weak solutions of sour, and

is not suitable as a sour blue. It is therefore a non-sour blue, but on the other hand, strong alkalis will tend to fade out the colour. Hard water will affect the shade. In some cases where an excess of soda ash is used in its manufacture, the colour will fade out considerably, and the soda ash will promote greater yellowing and tendering of the goods. In practice it is better to pull the goods from the blue water rather than drain the load, as some settling of the colour may occur, and the upper layer will tend to strain out or filter the colour so that the shade produced will be uneven and cloudy.

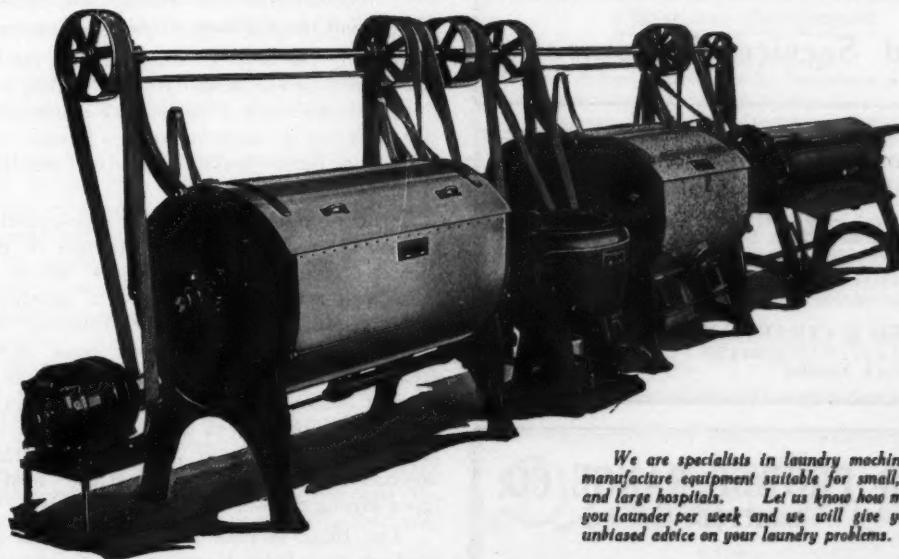
Prussian Blue

There are two varieties of this colour, the soluble and insoluble types. The insoluble variety should not be used in textile souring, and the soluble variety is one of the poorest blues available. The chief reason for this is that these blues contain considerable iron, which eventually appears in the goods as iron stains, which are precipitated by alkali. Oxalic acid is frequently used to increase the solubility of the colour, but the opportunities for trouble to develop are many.

Aniline Blue

The wide range of shade and variety of types, coupled with great solubility, makes this class of blue by far the best. The tinctorial power is high, and it is not necessary to use much material in weight. It is necessary, however, to select a blue or combination of blues which will give the desired shade without bluing too fast, or in other words, approaching actual dyeing, and the blue selected should be entirely removed by the washing and bleaching of subsequent

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washing, so that no trace of grayness or yellow discolouration will remain.

The sour blues are mostly basic, i.e., alkaline dyes.

The non-sour blues as we find them on the market are acid aniline dyes having certain necessary qualities. Normally these certain types are not affected by weak alkalies or acids, but under the conditions which exist in using them, more or less erratic results are derived. The principal trouble seems to be in the carrying over of bleach and alkali into the blue bath. When sours are used, however, both the alkali and the bleach are decomposed, or neutralized, so there is a certain assurance that these materials will not affect the shade produced. However, alkali and bleach are depended upon in the regular washing process to remove blue which was added to the goods in an earlier washing. Therefore, it is obvious that they should be absent when one is trying to blue.

A common result in the failure of the non-sour blue is production of a gray colour which may build up and be very hard to remove.

We also have evidence that improper blues are partially responsible for black points in collars.

Inasmuch as there are probably 2,000 or 3,000 different types of aniline blues available, there is considerable variation in the composition of some of the blues on the market. A certain brand may even vary in composition from time to time, due to either lack of knowledge of the requirements or failure to examine raw materials closely.

To be on the safe side, a sour blue is generally preferred, and the function of the sour is to first clear the liquor of bleach and alkali and then increase the absorption or attraction between the fibre and the colour. When this is accomplished the dye goes on more evenly and the tint is more uniform.

About the Blending of Blues in Manufacture

Most of the blues obtainable upon the market are mixtures of two or three dyes, say a blue, a green, and a red. Sometimes a violet will predominate. The matter of tint or shade is largely a matter of individual preference, but it should be governed also by the shade of yellow to be masked.

In compounding the blue, emphasis must be placed upon the degree of fastness of the various colours selected. "Direct colours" which dye cotton quite fast without the aid of a mordant are not recommended because of the difficulty of later removal. Neither the "acid" nor "basic" dyes exhibit a great natural fastness for cotton and these classes are in most common use. The modifications of cellulose, however, if present in any considerable degree will produce fluctuations in the results obtained. For instance, oxycellulose will repel the "acid" dyes but has a strong affinity for the "basic" dyes.

The basic colours give best results in an acid medium and have therefore been commonly called "sour blues," as previously cited. Most of the common "acid" dyes may be used in either acid, neutral, or slightly alkaline solutions, and they are generally called "non-sour blues." However, both types are frequently found in "sour" and "non-sour" blues.

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Safeguards in Bluing

As most of the aniline dyes take hold more vigorously in hot water, the bluing should be conducted in cold or warm water.

A variation in the acidity of a bluing bath will produce a variation of tint, so it is necessary for best results to carefully control the use of sour and maintain uniform concentrations in the wheel.

The function of the acid in the bluing bath varies with different types of dyes. In the case of the basic colours, it slows up the rate of absorption of the dye by the fiber. If the dye rushes onto the fiber, it will go on unevenly. The acid dyes, being sodium salts of colour acids, are split up by the acid of the bluing bath, and the colour acid which is released is more reactive. The acid may also be said to increase the solubility of the dyes in water.

In proprietary sours, and blues, we frequently find additions of salt or sodium sulfate for the purpose of "fixing" the blue. Common salt tends to "salt out" or lessen the solubility of the dye in water, and "crowd" it onto the fiber. The general effect of sodium sulfate is to slow up the absorption of colour by the fiber. Aniline dyes are diluted with solid substances at the factory to thin out their tintorial power so that they may be conveniently weighed or measured with ordinary equipment. Salt, dextrine and sodium sulfate are the diluents commonly employed.

The acid and basic classes of dyes may be divided into a number of subdivisions having varying properties, and it is these variations which make necessary the supposedly conflicting requisites of the dye or bluing bath, mentioned above, and which also accounts for the marked difference in performance of some of the blues on the market.

Why Blues Sometimes Give Poor Colour

Unless a blue is blended or compounded with a full understanding of washing conditions and a standard washing practice adhered to, ununiform or even disastrous results from the standpoint of colour produced may result.

For instance, some blues will turn pink to reddish gray in the presence of traces of alkali. A poor rinsing builder or inadequate formula will obviously throw the goods off colour. If a slight acid reaction is required to produce the desired tint, finishing the goods neutral or in alkaline (zeolite) water or hard water will produce something else; probably a violet, green or gray.

An occasional piece of overbleached or tendered cotton will attract sufficient colour to cause it to overblue and skimp on the balance of the load.

Proper dissolving, straining and diluting are extremely necessary for good results. The stock blue solution should be diluted in a pail of water and the very dilute solution, evenly distributed across the wheel.

Wool and silk are easily dyed fast by most aniline blues and should not be blueed or brought into contact with blue water in the wheel.

Our recommendation is to purchase the best blue made by some reputable manufacturer, and use as

Continued on Page 42

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little of it as possible. As in the case of souring, to obtain the best bluing the operation must be preceded by a good thorough and constructive washing process. Uneven washing and rinsing will be reflected in the form of uneven souring and bluing.

It should be remembered also that a perfectly good washing may be spoiled by injudicious souring and bluing.

The use of destructive sours, creating cellulose derivatives with different reacting values toward blues; an excessive use of both good and poor blues; and possibly the use of the wrong method of souring or bluing (unbalanced formula) will induce poor colour through accumulation of residues, etc., sufficient to spoil an otherwise perfectly good washing.

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